Nurse Corps News

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Submit your articles, photos, and BZs through your chain of command to

NCNewsletter @med.navy.mil

Nurse Corps News Staff

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Director's Corner: January, 2016: A Time to Look Back and Move Forward



Rebecca McCormick-Boyle RADM, NC, USN

Director, Navy Nurse Corps

Happy New Year! I hope each of you enjoyed the holiday season, had time with family and friends, and are looking forward to the New Year. For those who worked the holidays caring for our patients and their families, thank you. The care and compassion you offered during this time is very reflective of the season and is a hallmark of quality nursing care.

In December, our Chief of Naval Operations (CNO) Admiral John Richardson held his first flag meeting and outlined his **Campaign Design**. It is called a "Design" versus a "Plan" to acknowledge the environment in which we operate. In a complex, fast changing environment, we must act with a healthy respect that we will only get it "so" right. We must move forward deliberately, sensing along the way; periodically stopping not just to assess progress, but also to question. Do our goals hold? Are our assumptions valid?

Our Navy mission will continue to revolve around "Protection, Deterrence, and Decisive Action when needed." CNO has outlined four lines of effort to ensure mission success: Operations and Warfighting, High Velocity Learning, Strengthen Our Navy Team, and Expand and Strengthen Partnership Networking. CNO also emphasizes the importance of four core attributes to our mission success: Integrity, Initiative, Accountability, and Toughness.

In addition to the recent CNO Change of Charge, Navy Medicine has witnessed its own change of leadership. VADM Mathew Nathan retired as Navy Surgeon General and, on 15 December 2015, VADM Forest Faison assumed the watch as our 38th Surgeon General. VADM Nathan was a tremendous leader at a critical time in our nation's history. I am confident VADM Faison will be an equally tremendous leader. I do not expect to see significant changes in Navy Medicine's Strategic Plan, though new emphasis areas may surface. The journey to High Reliability will most certainly continue as a priority. Other priority areas will include patient satisfaction/experience, leveraging of technology, readiness, and skill sustainment.

The three components of our Professional Practice Model support both the CNO's and Navy Medicine's goals. We will be Operationally Ready to support our line counterparts in missions at land and at sea; we will dedicate ourselves to Professional Development and Growth, keeping pace with professional practice and skills needed to care for our patients in multiple environments; and we will be Transformational Leaders, developing each other for success, advancing our practice, and anticipating future needs.

This is a very exciting and critical time for the Navy and subsequently Navy Medicine; our ability to transform quickly and agilely to a demanding operational tempo and changing health care environment is essential to the long term success of our Nation. The Nurse Corps is poised to be change agents in many of the current demands we face. I value your leadership and clinical excellence and look forward to your accomplishments.

Follow the Admiral on Twitter
Twitter.com/Navy_NC

Reserve Corner: Nurse Corps Metrics Scorecard



Tina Alvarado
RADM, NC, USN

Deputy Director,
Reserve Component

Happy New Year to all Navy Nurses! 2015 was an outstanding year of accomplishments for the Reserve Nurse Corps community. The fruits of our collective labor is confirmed in the Nurse Corps Metrics Scorecard, a tool developed by our Professional Excellence Strategic Goal team. The Scorecard aligns to the Surgeon General's goals of Readiness, Jointness, and Value and tracks our progress by Command across key indicators.

In a nutshell, it provides a snapshot of our Corps and highlights our relevancy as an integral and ready asset within the Total Force. Each Command Senior Nurse Executive (SNE) maintains the Scorecard with data collected from each detachment. It serves as a management tool and really helps us keep an eye on our deckplates. It also allows each Command to share information and learn best practices from each other and collaboration is the key to excellence. Just as the Scorecard is an important management tool for leadership, so too should you develop your own personal scorecard to measure your professional and career growth.

Here are some of our key measures from these last six months. The total end strength number of nurses is approximately 1,150 Selected Reservist (SELRES) members, give or take a few, from four Expeditionary Medical Units (EMFs), six Operational Health Support Units (OHSUs), Navy Medical Education Training Command, and a Marine Contingent.

- Readiness. Deployed members: 4 %. Overall NC AT completion rate: 86%. TNCC completion rate for those subspecialties requiring training: 75%.

- Value. MTF contributory support for both the Staff Nurse and Advanced Practice Registered Nurses (APRNs): a total of 3,665 drills documented. NOSC PHA support: 1,546 drills.

- Jointness. Joint exercise participation rate: 6%.

- Professional growth category. Monitors those eligible for promotion from O4-O6 and those selected for promotion. Currently 50% of those eligible for promotion were selected for FY16 (217 eligible for promotion, 108 were selected). A further breakdown by regions denotes: Navy Medicine West (NMW) selections were 57 and Navy Medicine East (NME includes EMF Bethesda data) was 51.

I want to say thank you, and Bravo Zulu, to all of the members who have made the Scorecard a success: the SNEs, Assistant SNEs, the Detachment Nurse Leaders, and most importantly the Metrics coordinators LT Monica Phariss (lead analyst), LT Jessica Kaser (NMW), and LT Ingrid Mahoney (NME). Thank you for all of your time with this important initiative!

The data helps identify accomplishments and areas for improvement. It can help direct scarce resources to plan Command training and provides justification for its use. The continued limitations on the numbers of individuals for promotion makes personal accountability for career progression and mentoring of our NC Officers even more imperative.

The New Year is a great time to review how far we have come, renew our commitment to serve, establish goals, and prepare ourselves and our shipmates to reach new career heights. I ask that each of you seek mentoring to develop your career development plan and mentor others so together we can soar to even greater heights.

Also, with the New Year comes the February convening of the O5/O6 Selection Board. Now is your last chance to ensure your record puts your best face forward to the Board. Make sure to complete a record review; update your missing information such as FITREPs or outdated photos; and limit your correspondence to the Board to only missing information or recent accomplishments (awards, training, etc.) not captured by the period of the most recent FITREP. Every year, outstanding officers are passed over due to missing or outdated information. Nothing screams DON'T PICK ME louder than an outdated photo in the wrong rank and uniform!

Even if you are not up for promotion in FY 16, determine what you have to do to be ready for the upcoming selection boards and APPLY. Be on the lookout for mobilization and Joint training opportunities. Understand that clinical relevance, excellence in practice, leadership contributions, continuing education, and operational experience are all critically important to your competitive position. In order to promote in today's competitive environment your record must reflect that you are at the top of your game.

That being said, I expect that the cream will rise to the top and the upcoming Board will select exceptional nurse leaders. Still some equally exceptional nurses will not promote this time. It is important to emphasize that failure to select is not a reliable indicator of your future success in the Navy, but it can be a signal for you to reevaluate your career goals and make sure you are in alignment with your peers. With limits on the numbers to promote, you have to find a way to stand out in a crowd.

Best wishes and I look forward to congratulating our next group of senior officers.

Reserve Action Officer: Hail and Farewell, Specialty Leaders

I trust you all enjoyed this celebrated season of joy, abundant food, and special gifts to share with your family and friends. I would like to take this time to THANK two special groups with whom I have worked with for the last two years while they held their respective roles.

First-an abundance of thanks to all of the Reserve Component Senior Nurse Executives (SNEs) – CAPT Anita Bacher (OHSU Camp Lejeune), CAPT Judy Dye (OHSU San Diego), CAPT Jessica Reed (OHSU Bremerton), CAPT Lynn O'Malley (SNE OHSU Portsmouth), and CAPT Michael Coffel (SNE EMF Bethesda) – for their outstanding leadership within their respective Commands. I wish you all continued success as you move on to your newly appointed roles within Navy Reserve Medicine (NRM). You were instrumental in making this entire SNE team (a total of 11 of you) a work of Nursing Art, displaying great synchronization, and compassion, while accomplishing a multitude of goals and tasks related to the Surgeon General's mission and vision. Each of you is a truly outstanding Nurse Corps Officer who will now reap the benefits of your hard work.

As you move on, there are five new SNEs who need to BE WELCOMED to the team – CAPT Karen Morgan (OHSU San Diego), CDR Alan Mintz (EMF Bethesda) CDR Tamberlynn Baker (OHSU Camp Lejeune), CDR Gittleman (OHSU Portsmouth), and CAPT Denise Elliot (OHSU Bremerton). To the new SNEs, I hope you continue on the positive goal paths that were placed before you by your predecessors. May you embrace this role with your own unique leadership qualities and continue to move down this path towards seamless collaboration and communication with your Active Component SNE colleagues.

Secondly, within the last three months we have also selected five new Specialty Leaders (SLs). May I extend my gratitude to those who have served out their tenure within their respective communities. Those of you who are leaving this role have advanced your specialties to balance out and blend seamlessly with your Active Component SL colleagues. Please thank CAPT Teresa Gulley (Maternal/Child), CAPT Trent Friedel (CRNA), CAPT Ingrid Cook (Pediatrics), CAPT Mike Coffel (Periop), and CDR Michael Luttrell (Research). You have given a great deal of time, effort, and clinical mentorship within these specialties by providing much needed guidance to your nurse corps members to remain clinically competent and current within their skill set. Thank you!

Please extend a gracious welcome to our five newly appointed Specialty Leaders: CAPT Barbara Trunzo (Pediatrics), CDR Cynthia Schwartz (Periop), CDR Deirdre Smith (Research), CDR Valerie Diaz (CRNA), and CDR Lori Thompson (Maternal/Child). Each of these SLs bring years of expertise to these respective fields. I am confident that you will continue to nurture and guide your respective communities to success, as well.



CAPT Irene Weaver

From John Maxwell: "Two emotions usually follow a great achievement: a sign of relief and celebration and a sense of… now what?" May your transitions be a catalyst to further your leadership aspirations within the Nurse Corps!

Navy Medicine: Organizing for High Reliability

CAPT Karin Warner

Deputy Chief Medical Officer, BUMED

Following last year's review of the Military Health System (MHS), the services were directed to use and incorporate principles evident in Highly Reliable Organizations (HRO) to improve the quality and safety of the care we provide to our patients.

Within the HRO framework, there exist three domains within which the principle characteristics of HROs must be visible. These domains are: 1) Leadership commitment to achieving zero patient harm, 2) Principles of a Culture of Safety must be incorporated throughout the organization, and 3) There must be widespread adoption and deployment of robust process improvement tools within the organization.

We are already aware that highly reliable organizations:

1) **Are <u>preoccupied</u> with failure –** They are never satisfied that they have not had an accident for many months or years, and are always alert to the smallest signal that a new threat to safety may be emerging.

2) **<u>Resist</u> temptation to simplify observations –** Threats to safety can be complex and present themselves in different forms; HROs have the ability to recognize the difference between threats, allowing detection of problems before they are out of control.

3) **Are <u>sensitive</u> to operations –** All workers at all levels of the organization are expected to report even small deviations from expected performance, as a part of their "collective mindfulness" to operations.

4) **<u>Commit</u> to resilience –** HROs recognize errors quickly and contain them, preventing the harm that results when small errors propagate, are compounded, and mushroom into major problems.

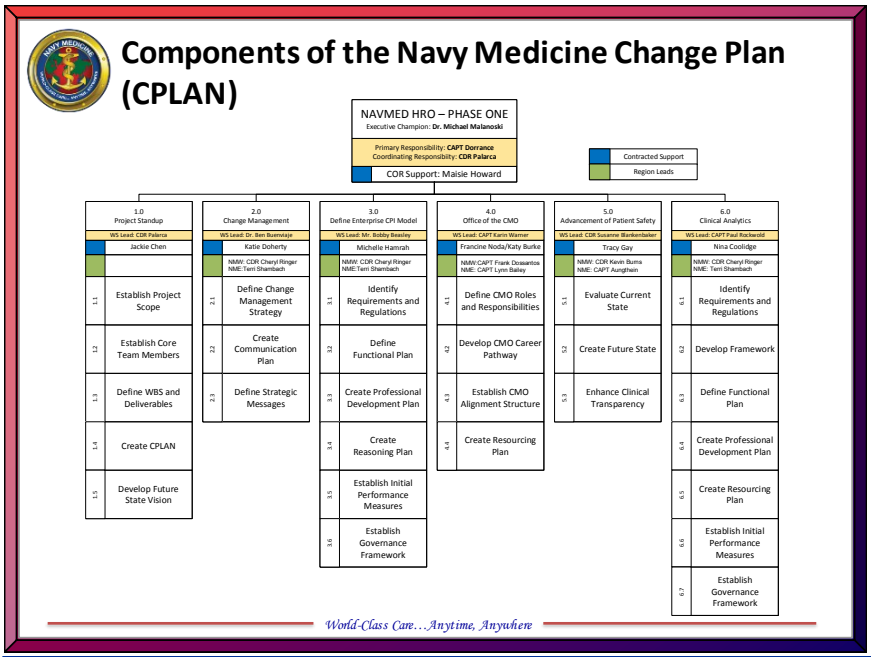
5) **<u>Defer</u> to expertise –** HROs have mechanisms in place to identify the individuals with the greatest expertise relevant to managing the new situation and place decision-making authority in their hands.

(*Reference: Chassin and Loeb, "High-Reliability Health Care: Getting There from Here")*

In Navy Medicine, our aim is to ensure that we have these principles not just on posters and as talking points in our team huddles, but incorporated into our practice patterns and how we do our jobs every day. These are actually VERBS – action words -- that require assimilation into our own behaviors

Navy Medicine is now organizing to become highly reliable by utilizing and empowering clinical communities as drivers of change (see the accompanying "***Navy Medicine - Organizing for High Reliability***" explanatory slides, also available on **milSuite**). Navy Medicine is developing this new model through work of an enterprise-wide led Change Plan (C-Plan), whose Executive Champion is our Executive Director,

(continued next page)



Click slide to review in full size on milSuite.

Navy Medicine: Organizing for High Reliability *(cont.)*

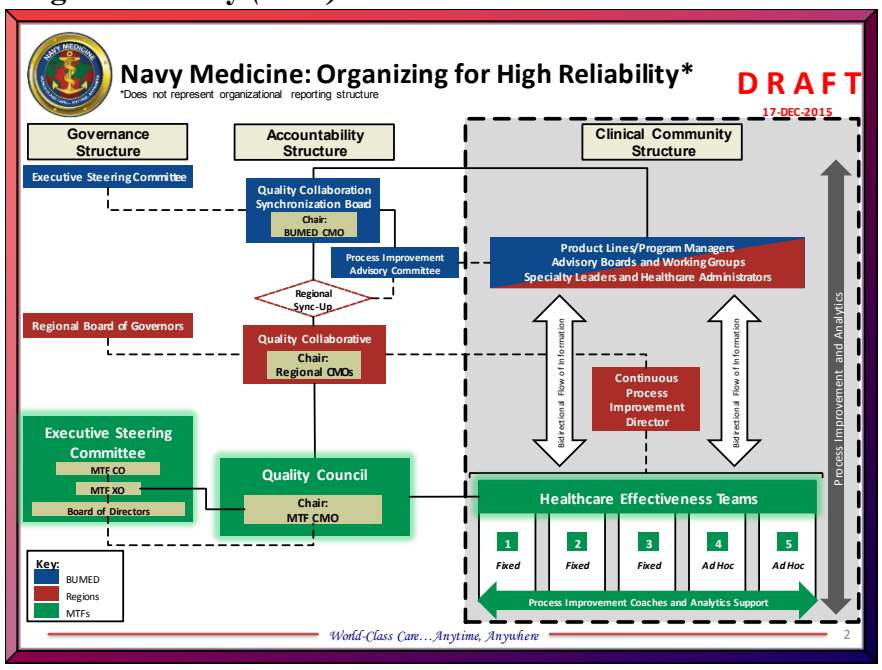
Dr. Malanoski, and the Primary Responsibility for executing this plan is CAPT Dorrance, the Chief Medical Officer, with CDR Palarca holding the Coordinating Responsibility (slide 1, CPLAN).

This will be achieved by creating an enhanced infrastructure that empowers MTFs and deck plate clinicians to initiate and elevate opportunities for process improvement to enhance the provision of care experience for patients, clinical providers, and administrative staff alike.

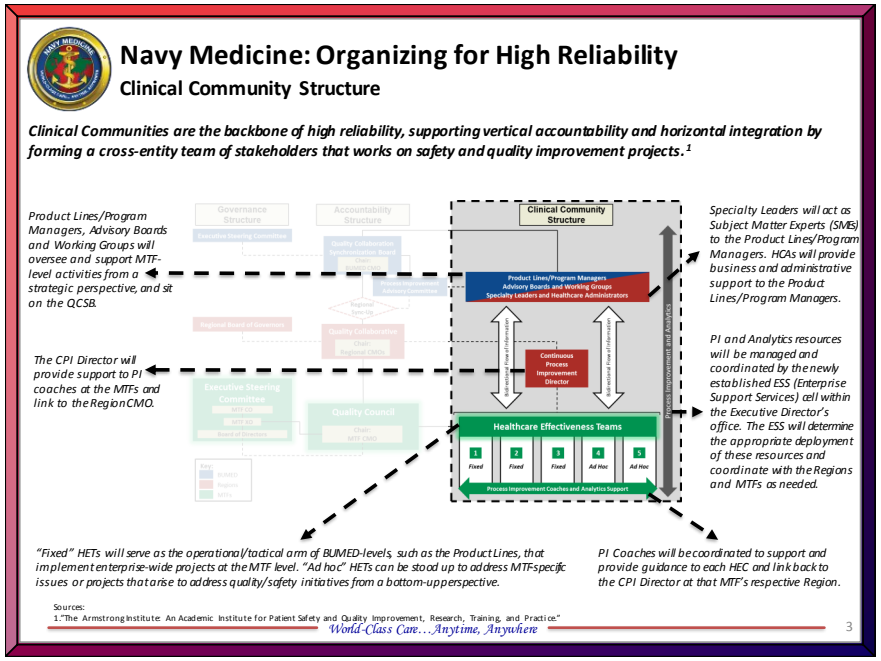
Our clinical communities will be the drivers of change, with MTFs collaborating with each other and through regional representation to share their successes and challenges. MTFs will gain support and resources through appropriate channels such as the Navy Medicine East and West Regional Quality Collaboratives (QC) and the BUMED Quality Collaborative Synchronization Board (QCSB).

This infrastructure will ensure that leadership is plugged in at every level to allow for transparency and collaboration, as well as allow synchronization across the enterprise to minimize duplication of efforts and sharing of proven improvement strategies.

More detail of work in the Change Plan will follow in the next *Nurse Corps News* to keep you informed on how we are all moving forward in our journey to organize to be highly reliable in the delivery of care every day, everywhere we serve. For more information, please contact **CAPT Karin Warner, DNP, RN** – Deputy Chief Medical Officer, at BUMED.



Click slides to view full size presentation with explanations on milSuite.



DNS/SNEs:
Would you like to see your command featured in our new Command Spotlight section?

Contact us to find out how!

NCNewsletter@med.navy.mil

Nurses:
Do you have a question for the Admiral?

Post your question to NCNewsletter@med.navy.mil for an opportunity to "Ask the Admiral"

Personnel Planner: Updating Your Official Military Personnel File (OMPF)



CDR John Eckenrode

As the Nurse Corps Personnel Planner, I frequently receive emails and phone calls from Nurse Corps officers asking me to update their Official Military Personnel File (OMPF) with any number of documents, many of which I am unable to add to their OMPF. The only areas of the OMPF that can be updated from the NC Personnel Planner office are Subspecialty Codes (SSP) and Additional Qualification Designators (AQD). All other documents including, but not limited to, academic degrees, fitness reports, and personal awards are updated by Naval Personnel Command (PERS).

While updating your OMPF can be confusing, since different documents are handled by different offices, the fine folks at PERS created an easy-to-use document that lists each of the different OMPF items and the points of contact for the office at PERS that handles them. In addition, there are links on how to access your OMPF via BUPERS Online (BOL) as well as information regarding officer photographs, PRD extensions, resignation and release from active duty, and retirements. This document, entitled "Officer Record Management," can be found on the Nurse Corps milSuite site in the Career Development Folder.

As always, if you can't find what you are looking for in this guide, or have questions regarding SSP and AQD management, please feel free to **email us** and we'll be happy to assist.

Fort Belvoir Community Hospital is CNOR Strong!

CDR Carol Burroughs

To demonstrate continued commitment to nursing excellence within the Perioperative Nursing Community, Fort Belvoir Community Hospital has been declared CNOR Strong. This recognition was honorably received during the community's Perioperative Nurses Week (08-14 November).

This certification requires 50% of eligible perioperative nurses to be nationally certified. Being within a Joint Command that is supported, not only by Army and Navy, but also government and contract employees, this certification can be challenging to obtain. Our government and contract position descriptions "highly recommend," but do not require, CNOR certification.

Utilizing evidence-based practice through our Unit Practice Councils under the Patient Caring Touch System, we have validated the importance of becoming certified. Additionally, **according to Competency and Credentialing Institute (CCI)**, "research shows that nurses who earn the CNOR credential have greater confidence in their clinical practices. Thus, a team of CNOR certified nurses who have mastered the standards of perioperative practice furthers a culture of professionalism and has been correlated to improved outcomes in surgical patients."

Embracing a culture of safety, quality, and professionalism at Fort Belvoir Community Hospital, our civilian colleagues have joined us in earning this certification, which CCI calls CNOR Strong. We are proud to demonstrate our commitment to this nursing specialty and are extremely confident that the Navy NC Perioperative Community is CNOR Strong.

BZ, team!

Specialty Leader Update: Operational Nursing



CDR Carl Goforth

Good day, colleagues. I enjoy receiving your emails and answering the many operational questions posed to me each week. Operational competencies and "Jointness" are some of the most recent email topics I receive, so I would like to expand further in this month's *Nurse Corps News*.

Competencies

CDR Rebecca Zornado (Reserve Component), **CDR Paul Villaire** (AIRPAC), **CDR Stephanie Higgins** (SURFLANT), and **CDR Angelo Lucero** (SURFPAC) and I are currently collaborating on a new initiative – a complete refresh of the operational competencies.

The previous operational competencies were heavily focused on the clinical skills that were attained by the Navy Nurse before he/she reported to the operational billet. Since the officer has already reported from an MTF with those competency packets completed, the operational competences start with validating those clinically-focused competencies and quickly transitions the new operational Nurse Corps officer into learning and assimilating into the complex operational platform to which they have been assigned. The new operational competencies will ensure competence in the unique environment of shipboard medical operations, such as: Authorized Medical Allowance List (AMAL) enterprise management, the medical logistics and health IT systems that are specific to the Fleet, and crew health sustainment. Additionally, understanding how the medical department fits organizationally into the Fleet and individual platforms, the new competencies encourage the operational Nurse Corps officer to engage with the other medical department staff and the line community on the many missions their particular platform might engage in, such as global health engagement, humanitarian assistance, disaster response, and the medical department's role in "fighting the ship." As always, clinical skill sustainment during your operational billet tour is a priority along with your other duties.

Jointness

Our Chief of Naval Operations, Admiral Richardson, continues to stress the importance of joint partnerships among the services. Additionally, as **Admiral McCormick-Boyle recently highlighted**, building and maintaining these "strategic partnerships" is a Nurse Corps strategic goal. One way the Nurse Corps routinely participates in the joint world is the Joint En Route Care Course (JECC). JECC is an intensive two week course held up to five times per year at Fort Rucker, Alabama.

The course is hosted by the Army's School of Aviation Medicine (USASAM), and consists of Navy Fleet nurses, Marine Corps Medical Battalion and Marine Expeditionary Unit nurses, Army Air Ambulance nurses, and Air Force Tactical Critical Care Transport (TCCT) nurses. In addition to operational nurses from all of the services, the course is attended by Marine Corps Medical Battalion En Route Care Hospital Corpsman, in addition to various service medical providers. The current JECC (December 2015 class) has a total of 20 students, and well over half (13) are Navy/Marine Corps.

We current have six Navy Nurse Corps officers attending. **LT Steven Wiltshire** is currently assigned to Fleet Surgical Team Two (FST 2), out of Norfolk, Virginia, and is attending JECC to meet the SURFLANT requirement to have a patient movement capability organic to the FST. **LT Jourdan Askins** is currently attached to Combat Logistics Battalion 22 (CLB 22), and is the En Route Care nurse for the 22nd MEU., **LT David Selby** is attending JECC in preparation for a Special Purpose Marine Air Ground Task Force (SPMAGTF) deployment. **LT Joshua Jones**,

(continued next page)

Specialty Leader Update: Operational Nursing *(cont.)*

LTJG Amanda Jacobsen, and **LTJG Braden Spangler** are attending JECC to increase the Navy Nurse Corps "platform" assignments throughout the MTFs.

One advantage to joint training is the ability to work and train side-by-side with other service en route care teams. For instance, some of the students are Army "Dust-Off" students who will be assigned to an air ambulance squadron upon graduation. Additionally, two U.S. Air Force TCCT teams are attending. One team is en route to Turkey while the other TCCT team is headed to North Africa. Regarding the joint training environment, LT Steven Wiltshire stated, "The Dust-Off instructors utilize classroom time, hands on equipment training, and lifelike immersive environments to create by far the most realistic military training I have ever been to. By utilizing their own experiences and those from the different military branches, they infuse the different training modules with real time field events, deployed scenarios, and the complications involved when it comes to MEDEVAC transport in theater. I feel confidant that that this course will equip me with the skills needed to perform in a patient movement system. Geared more towards the deployments to Afghanistan and Iraq, I feel it is also suitable and necessary for the fleet's mission within recent forward deployed areas of conflict."



Joint En Route Care Course, December 2015 Class
Back row: CDR Carl Goforth, HQMC/JECC instructor, HM2 David Green, 1st MedBn; HM3 Chloe Ambalong, 1st MedBn; HM3 Steven Lee, 1st MedBn; LT Jourdan Askins, CLB-22; LTJG David Selby, SPMAGTF-Crisis Response; LTJG Amanda Jacobsen, NHCL; LT Joshua Jones, NMCP; LT Steven Wiltshire, FST-2; LTJG Braden Spangler, NHCL; and CDR Ron Bolen, 4th MedBn/JECC instructor. ***Front row:*** HM3 Cevin Walker and HM1 Anthony Killings, both with 1st MedBn

Created in 2005, JECC is a truly "Joint" immersive training environment with Navy and Marine Corps students comprising a large percentage of participants. Assignments after the JECC course include the TA-H hospital ships, SPMAGTF Marine Corps units, Expeditionary Resuscitative Surgical System (ERSS) teams, and the Fleet Surgical Teams. The opportunity to train with foreign En Route Care students, from as far away as Israel and Turkey, have also occurred in some of the classes. Regarding platform readiness, LT Joshua Jones said, "The experience and knowledge I have obtained from JECC will benefit me both in mission readiness and also future utilization and flexibility. The simulations that have been put together are very realistic and of the best quality. I am currently on my DUINS utilization training and receiving this opportunity to enhance mission readiness under the Marine Corps readiness platform has been extremely useful." Simply put, joint partnerships such as the JECC provide Navy Nurses with maximum opportunities to increase their "Jointness" competencies and knowledge.

To close, I would like to thank you for all of the efforts day in/out that make a difference to the Navy/Marine Corps MISSION. It is an honor to stand with you as a fellow Nurse Corps Officer and as the Operational Specialty Leader. For any further questions about our many operational opportunities, please **email me** or **CDR Rebecca Zornado**.

Nurse Corps Holiday Photos

LT Ed Spiezio-Runyon

We asked for your Nurse Corps holiday photos and you delivered… in a *huge* way! I have never seen such an incredible flood of submissions for the *Nurse Corps News*.

For sharing with your friends and colleagues around the world, this was an amazing response. For file size limits, that's another story. After your submissions were included, the file size of this issue was far in excess of *150 megabytes*. For the non-tech savvy, rest assured that that is a gigantic file and email servers around the world would cry.

Since we want to showcase everyone and don't want to exclude any of the great photos you've submitted, we're doing something a little different this year. All of your photos have been uploaded to **milSuite**. If you haven't already registered, this is an excellent opportunity to jump in and see what all the fuss is about with the military's newest way to inform, share data and ideas with your colleagues, and keep track of the happenings within the Corps.

Over the next couple of pages, you'll find thumbnails of photos from commands around the world. Click the thumbnail to be taken to the full-sized photo on **milSuite**.

Best wishes for a wonderful 2016!



BHC Atsugi, Japan



Naval Hospital Camp Lejeune



BUMED



Navy Medicine East



Fort Belvoir Community Hospital



Navy Medicine West



Naval Hospital Bremerton



Naval Hospital Guam



[Currently Deployed]



NHC Charleston



CAPT James A. Lovell Federal Health Care Clinic



Naval Hospital Camp Pendleton Family Medicine Oceanside



Officer Training Command Newport



Naval Hospital Lemoore



NHC Hawaii



Pentagon



Naval Hospital Camp Pendleton



NHC Cherry Point



NHC Quantico — Mainside



Naval Hospital Camp Pendleton



NHC New England



NHC Quantico — BHC



Naval Hospital Camp Pendleton



NHC Patuxent River



Naval Hospital Jacksonville



US Naval Hospital Naples



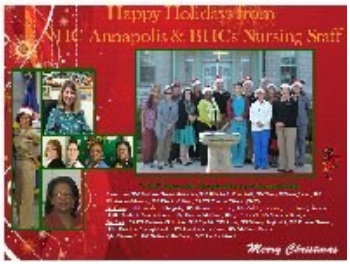
USNS Comfort



Naval Hospital Twentynine Palms



US Naval Hospital Naples



NHC Annapolis & BHC



Naval Hospital Beaufort



US Naval Hospital Okinawa



NHC Annapolis & BHC



Naval Hospital Beaufort MCAS



US Naval Hospital Sigonella



Naval Hospital Pensacola



Naval Hospital Beaufort MCRD Parris Island



US Naval Hospital Yokosuka



Walter Reed National Military Medical Center



Naval Center for Combat and Operational Stress Control

View these photos on milSuite and share your greetings and comments!

Bravo Zulu!

Certification:

- **LTJG David Frey**, from U.S. Naval Hospital Yokosuka, Japan, earned the Medical-Surgical Nursing (RN-BC) certification

- **LT Lauren Kramer**, from Naval Hospital Bremerton, earned the Critical Care Registered Nurse (CCRN) certification.

- **LTJG Megan Lindner**, from NMC San Diego, earned the Certified Pediatric Nurse (CPN) certification.

- **LCDR Jill Skeet** (OR nurse) and **LT Katie Reyna** (ICU nurse), with Fleet Surgical Team 1, returned home over the holidays following a 7 month deployment to the areas of responsibility of the 3rd, 5th, 6th, and 7th fleets. During this deployment, they earned the Surface Warfare Department Officer certification. BZ and welcome home, shipmates!

Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:

NCNewsletter @med.navy.mil

Fair Winds…

(Effective 01 January)
CAPT Moise Willis
CDR Diane Hite
LCDR Ruby Cole
LCDR Marrisa Sischy
LCDR Tony Wade
LCDR Jay Zulueta
LT Keith Blatt
LT Ralph Deconti
LT Jermaine White

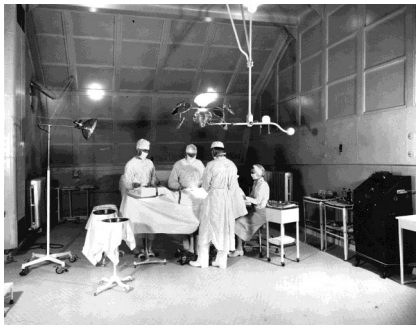
(Effective 01 February)
CAPT Linda Houde
CDR Jonathan Deinard
CDR David Pedraza
CDR Sarah Stevick
LCDR Paul Albers
LCDR Ramon Caladcad
LCDR Michael Guy
LCDR Dana Robinson
LCDR Richard Schulz
LCDR Julie Tyslan

Nurse Corps Legacy — USS *Relief* (AH-1)

The USS *Relief*, launched in 1919 and commissioned in 1920 in Philadelphia, was the first American ship designed and built from the keel up as a dedicated hospital ship. She had a length of only 483 feet, less than half of today's *Comfort* and *Mercy*, and with a patient capacity of 550, she was considered one of the world's most advanced hospital ships.



Between the world wars, she served throughout the Caribbean and in both the Atlantic and Pacific fleets. Her crews spent the first year of America's involvement in WWII serving as the hospital ship off the coast of South Carolina, then Maine where she met the needs of the war wounded, as well as men training to serve in the fleet. She transited to the Pacific,



where she served throughout the theater in patient evacuations and transports, medical resupplies, and was at one point the only hospital ship serving the 5th fleet. She was attacked by a Japanese bomber and stood off the coast during the invasion at Okinawa.

By the end of the war, she had steamed the equivalent of nearly four times around the world and evacuated almost 10,000 fighting men and patients in nearly every military campaign of the Pacific theater. On her final trip home to San Francisco, she carried 282 patients and 717 returning veterans.

When USS *Relief* was struck from Navy service in 1946, she held an impressive five battle stars for her WWII service.